Measuring the Impact of Unconditional Cash on the Social Determinants of Health

Preliminary Evaluation Findings from Cohort 1 of the CashRx Program

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May 2026

This brief presents interim findings from the first cohort of participants in CashRx, a direct cash transfer program administered by Bread for the City (BFC), a Washington, DC–based nonprofit that operates multiple programs for people with low incomes, including a federally qualified health center. Through CashRx, BFC supplements health care and wraparound services with unconditional cash transfers, an approach that puts choice in the hands of participants with the goal of directly addressing the social determinants of health (economic stability, access to quality education, access to quality health care, neighborhood environments, and social support) to ultimately improve the health and well-being of participants (Vrtikapa et al. 2025). The unrestricted nature of the cash transfers is intended to allow participants to address their unique priorities, while the complementary wraparound services provide support that the cash alone cannot deliver.

We examine participants' experiences and outcomes during the program to understand how cash transfers and wraparound services may have affected participants' social determinants of health and health outcomes. Preliminary findings show that all participants in cohort 1 experienced improvements in food security, housing stability, and health outcomes.

The CashRx Program

Growing evidence from guaranteed income pilots shows measurable improvements in health outcomes. In Michigan's Rx Kids program, mothers receiving $1,500 during pregnancy and $500 monthly during their baby's first year had a lower likelihood of depression symptoms and anxiety compared with nonrecipients, as well as reduced food and housing insecurity. A review of 16 guaranteed income pilots across Canada and the United States found consistent evidence to support the relationship between guaranteed income and positive health impacts for recipients, primarily by reducing the mental burden of financial insecurity and allowing participants to better meet basic needs including food and housing (Nishimura et al. 2025).

CashRx, administered by BFC's Economic Security Team, provides unconditional monthly cash transfers to three small cohorts of BFC medical patients living with chronic health conditions delivered over a period of 24 months.

The Economic Security Team identified a total of 14 participants chosen by lottery from current BFC medical patients experiencing chronic health conditions, many of whom have engaged with services for over a decade. There are five participants in cohort 1, four in cohort 2, and five in cohort 3.

All CashRx participants are nonwhite, with 12 identifying as Black and 2 as nonwhite Hispanic. Eleven of the participants identify as women and three as men. Nine of the participants are adults living alone, three live with adult

family members or friends, and one participant lives with her two children in an apartment shared with another family.

Together with the BFC Economic Security Team and their public benefits attorneys, each participant determined individual equity-based payment amounts tailored to their needs related to the social determinants of health. The five participants of the first cohort began receiving payments in November 2023, with monthly amounts ranging from $1,100 to $1,400 per month. Cohort 1 received their final transfer in November 2025. Over the course of the program, the team checked in with participants every four months and connected them with BFC's wraparound services, including behavioral health, legal, and workforce-development services, based on each participant's stated goals and needs.

Evaluation Methods

The Urban Institute provided technical advice and support to BFC's research fellow for this internal evaluation of program outcomes.

BFC collected quantitative and qualitative data throughout the course of the pilot. Quantitative data included health metrics collected during regular check-in appointments, such as hemoglobin A1c (A1c) test results for participants living with diabetes. The BFC research fellow also conducted interviews with each participant. These interviews, which were conducted during regular BFC check-ins, focused on understanding changes to participants' social determinants of health. The interview guide was designed to cover elements found in the Accountable Health Communities Health-Related Social Needs Screening Tool, developed by the Centers for Medicare and Medicaid Services.[1] The research fellow also asked participants questions about any changes that may have resulted, directly or indirectly, from participating in the program, including in their material circumstances, social determinants of health, or general health and well-being.

We conducted descriptive analyses of these quantitative and qualitative data together to answer our evaluation questions. Given the small sample size and lack of control group, our findings are not intended to be generalized, but to provide an initial look into the CashRx program and avenues for further research.

Findings

The following sections summarize key changes in participants' social determinants of health and health outcomes over the course of the pilot.

Social Determinants of Health Outcomes: Increased Economic Stability and Access to Quality Health Care

Participants consistently identified the cash transfers as essential to the improvements they reported in their housing stability, food security, health care access, and employment. These outcomes can be grouped under the economic stability and access to quality health care social determinants of health.

- **Housing quality and stability.** At intake, all but one of the participants in cohort 1 reported feeling housing insecure, with concerns regarding their ability to pay their rent for the month, pests and mold in the home, lack of heating, and lack of necessary repairs. In the pilot, all participants reported using the cash transfers to cover rent costs, especially during times of economic instability caused by events like medical absence from work or expensive emergency car repairs, which helped them remain stably housed.
- **Food access and security.** Before the program, all participants reported deep food insecurity. Some shared that in the previous months, they had run out of food and could not purchase more. However, all

participants reported reduced food insecurity while receiving CashRx payments, with some reporting being able to make "healthier" food choices with the cash, buying more fresh and higher-quality foods.

- **Employment instability.** For three of the participants, the CashRx payments were paramount for covering basic needs when income from employment decreased because of inconsistent work hours, medical leave, or disability. For others, the cash transfer served to replace hours worked—one participant who normally worked far beyond overtime was able to reduce her hours.

- **Health care access.** Three of the participants shared that, with the supplemental income from CashRx, they were able to pay for their medications on a regular basis. One participant explained that she no longer had to choose which prescriptions to fill when other bills were too high.

Health Outcome: Improved Mental and Physical Health

Participants also experienced direct health outcomes.

- **Physical health.** Two of the three participants with diabetes achieved significant improvements in blood sugar control. One participant's A1c decreased from 13 percent (significantly elevated diabetes) to under 5.7 percent (normal levels), allowing her to discontinue diabetes medication entirely. Another participant's A1c improved from 14 percent to 7.5 percent. Participants attributed these improvements to CashRx enabling consistent access to medications and foods that support diabetes management.

- **Mental health and well-being.** Overwhelmingly, participants reported significantly improved mental health outcomes. Participants described feeling less stress over their financial stability, less isolation from those around them, and less feelings of hopelessness and depression. However, participants approaching the end of the pilot have reported increased stress and anxiety about no longer receiving CashRx payments once the program ends.

CASHRX PARTICIPANT EXAMPLE: LAURA BROWN

Laura Brown is a lifelong DC resident who regularly works well beyond overtime to cover household expenses and care for her mother, who lives with a chronic autoimmune condition. As a pescatarian managing diabetes, Laura's food and medication costs are significantly higher than average. Prior to CashRx, she routinely had to choose between filling all of her prescriptions and paying rent, paying bills, and buying food.

Since joining CashRx, Ms. Brown reports substantially reduced food and housing insecurity and is now able to consistently cover rent, transportation costs, and food expenses. With her prescriptions no longer competing with other bills, she has been able to manage her diabetes more effectively and has lowered her A1c to normal levels. She also devotes a portion of her monthly payments to supporting her mother's care needs.

Beyond her basic needs, CashRx has given Ms. Brown something she describes as "buying back [her] time." Rather than picking up extra shifts to make ends meet, she has been able to reduce her overtime hours and use that time to address ongoing stress by spending more time with family and prioritizing rest. Since experiencing these effects, Ms. Brown has become an advocate for guaranteed income, speaking on event panels and graduating from an advocacy and organizing institute, where she learned strategies for building effective grassroots campaigns with other DC community members.

Discussion

The following section presents shared themes across the five participants in cohort 1. Although each participant's experience with the cash transfers was unique, these findings highlight how the flexibility of guaranteed income combined with access to wraparound services and supports may address social determinants of health and improve health outcomes. The findings also offer insights about the limitations of direct cash as a standalone health intervention.

- **Cash had a positive impact on mental health outcomes in all cases.** All participants reported improved mental health, describing reduced financial stress and decreased feelings of hopelessness and depression. The monthly payments created what participants described as a "sense of security," reducing the constant worry about meeting basic needs. However, the extent of mental health improvement varied, with some participants experiencing ongoing anxiety related to external stressors.

- **Cash helped participants work toward their health goals.** Although the pilot did not initially seek to track the effect of goal setting on outcomes, participants who expressed specific health or personal goals achieved more meaningful progress when supported by the cash transfers. Both of the participants with diabetes in cohort 1 expressed a desire to better manage their diabetes, and, with consistent access to medications and healthier food options enabled by CashRx, both saw their A1c levels improve to normal or near-normal ranges.

- **Cash did not eliminate structural barriers.** Although the self-reported data indicate that the guaranteed income has positively affected participants' health behaviors and outcomes, cash transfers alone cannot address barriers created by structural inequities and policy gaps. Participants in cohort 1 faced persistent challenges including ineligibility for SNAP benefits despite ongoing food insecurity, immigration status uncertainty affecting employment and mobility, and the unaffordability of quality housing in Washington, DC, which forced participants into substandard living conditions with mold, pests, and inadequate heating or cooling.

- **Unrestricted cash is key.** The flexibility of the unrestricted cash allowed participants to allocate resources themselves, honoring their expertise about their lives and needs in ways that restricted benefits such as SNAP and SSI cannot. One participant used funds to repair the car she needed to commute to work and another paid for family caregiving expenses for her mother with lupus.

- **Wraparound services are essential.** The cash addressed many of the participant's emergent needs, but its impact was likely amplified by BFC's complementary wraparound services. Participants benefited from access to BFC's medical team for medical condition management, attorneys for help with housing and benefits disputes, and social services such as BFC's food pantry.

Note

[1] "The Accountable Health Communities Health-Related Social Needs Screening Tool," Centers for Medicare and Medicaid Services, accessed April 15, 2026, https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf.

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Acknowledgments

This brief was funded by Bread for the City via a grant from the Diane and Norman Bernstein Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission. The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.